

Rec'd PCT/PTO 25 JUN 2004

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/500135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		1					52						
4		1					53						
5		1					54						
6							55						
7							56						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	1						100						
TOTAL DEP.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL CLAIMS	5						TOTAL DEP.		↓		↓		↓
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara C.